



NEVADA STATE BOARD OF MEDICAL EXAMINERS

NEWSLETTER

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Nevada Safe Injection Practices Campaign

Be proactive. See page 5.

State Epidemiologist, Dr. Ihsan Azzam

On why physicians must report diseases and conditions. See page 8.

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Board's Legislative Discussion moved to summer newsletter

BOARD OF MEDICAL EXAMINERS ADOPTS FSMB UNIFORM APPLICATION

FSMB eNEWS, 3-11-2011 – Reprinted With
Permission of the Federation of State Medical Boards

The Nevada State Board of Medical Examiners is the most recent adopter of the Federation of State Medical Boards Uniform Application for Physician Licensure (UA). The board went live with the UA on March 9, 2011 at noon, CST. Nevada is the 12th member board to begin using this tool that was designed to enhance license portability. Through the UA, the member boards utilize common application elements while capturing the unique state requirements in an addendum that is customized to meet the state specific needs. Licensure applicants that utilize the Federation Credentialing Verification Service (FCVS) have an added benefit as 70 percent of the application is pre-populated.

Users of the UA include: Idaho State Board of Medicine, Medical Licensing Board of Indiana, Kansas State Board of Healing Arts, Minnesota Board of Medical Practice, Montana Board of Medical Examiners, New Hampshire Board of Medicine, State Medical Board of Ohio, Rhode Island Board of Medical Licensure & Discipline, South Dakota Board of Medical & Osteopathic Examiners, Vermont Board of Medical Practice, Oklahoma State Board of Osteopathic Examiners. To date, more than 37 boards are engaged in some manner with the FSMB on the UA program. As of March 8, 2011 almost 17,000 physicians have successfully submitted their application for licensure utilizing the Uniform Application.

ALSO COMING TO THE BOARD TO MAKE LICENSURE EASIER AND FASTER!! VeriDoc® Licensure Verification System

In addition to being the 12th state to join with the Federation of State Medical Boards in accepting and promoting the Uniform Application for licensure, your Board is also the 28th physician licensing board to subscribe to a very fast and secure national exchange called VeriDoc. This system is a time saver and a real convenience for physician applicants.

With the push of a button, a physician applicant's licensure verification and status in one state, or multiple states, is nearly instantly transmitted to the state in which the physician is applying for licensure. This cuts down the time formally required, depending on the state queried, from days or even weeks, to minutes. Official start-up for VeriDoc in Nevada is expected within the next 90 days. For more information on VeriDoc, please go to www.veridoc.org.

MISSION STATEMENT

The Nevada State Board of Medical Examiners serves the state of Nevada by ensuring that only well-qualified, competent physicians, physician assistants, respiratory therapists and perfusionists receive licenses to practice in Nevada. The Board responds with expediency to complaints against our licensees by conducting fair, complete investigations that result in appropriate action. In all Board activities, the Board will place the interests of the public before the interests of the medical profession and encourage public input and involvement to help educate the public as we improve the quality of medical practice in Nevada.

IT'S SPRING – TIME TO RENEW (Your License, That Is)!

This year's licensing renewal process will run April 4 through June 30. Licensees will receive a postcard which includes **individual** renewal information. Please retain your postcard for renewal purposes, as you will need the information contained thereon (such as your Renewal I.D.) in order to renew your license online. There is a \$15 administrative processing fee for online renewals and a \$50 administrative processing fee for renewals by paper application. The administrative processing fee will be waived for those licensees who are not eligible to renew online in 2011.

Fees are as follows:

	Online Renewal Fee	Paper Renewal Fee
Active Medical Doctors	\$815	\$850
Inactive Medical Doctors	\$415	\$450
Physician Assistants	\$415	\$450
Perfusionists		\$400
Practitioners of Respiratory Care licensed <i>on or before 12/15/2010</i> (prorated)	\$148	\$183
Practitioners of Respiratory Care licensed <i>on or after 12/16/2010</i>		\$200

Online, you can pay with American Express, Discover, MasterCard or Visa. By paper, you can pay with personal check, money order or cashier's check (no cash please).

Practitioners of respiratory care who were licensed **after December 15, 2010** are not eligible to renew online in 2011 and will receive their renewal applications in the mail. The administrative processing fee will be waived for these licensees in 2011. Perfusionists are not eligible for online renewal in 2011 and will receive their renewal applications in the mail. The administrative processing fee will be waived for these licensees in 2011.

If you are selected to provide proof of completion of your continuing medical education (CME)/continuing education (CE) at the time you renew online, and cannot satisfy the CME/CE requirement, your license will not be renewed, and will be mandatorily audited the next renewal period. Word to the wise: please have your CME/CE up to date. Further information regarding CME/CE requirements can be found on the Board's website: www.medboard.nv.gov. All licensees are subject to an audit of their CME/CE. Licensees who are renewing by paper application are required to provide proof of CME/CE when submitting their paper renewal.

NEW BOARD MEMBER

The Board welcomes Sue Lowden, appointed by Governor Gibbons on December 13, 2010, to serve as a public member of the Board. Mrs. Lowden is a long-time Nevada resident, a businesswoman and a former State Senator. She replaces Van V. Heffner, who was a public member of the Board from July 18, 2008 to November 22, 2010. The Board wishes to thank Mr. Heffner for his service to the citizens of the state of Nevada.

AIM Performance Assessment of the Board

The independent performance assessment of the Board was completed by the Administrators in Medicine (AIM) in August 2010. The results of the assessment were presented to the Board at its quarterly meeting on December 3, 2010, and are available to the public on the Board's website, www.medboard.nv.gov, in the Public Information section.



BOARD MEMBERS

Charles N. Held, M.D., *President*
Benjamin J. Rodriguez, M.D., *Vice President*
Valerie J. Clark, BSN, RHU, LUTCF, *Secretary-Treasurer*
Javaid Anwar, M.D.
Beverly A. Neyland, M.D.
Theodore B. Berndt, M.D.
Michael J. Fischer, M.D.
Donna A. Ruthe
Sue Lowden



Douglas C. Cooper, CMBI, *Executive Director*

Pharmaceutical Diversion and Fraud Training for Investigators

In February 2011, investigators for the Nevada State Board of Medical Examiners attended specialized training, presented by Detective Scott Smith of the Reno Police Department, and Joe Depczynski, Inspector/Investigator for the Nevada Board of Pharmacy, on pharmaceutical diversion and fraud cases. Nevada officials at all levels have been attacking the problem of diversion of pharmaceuticals, and the Nevada State Legislature, currently in session, has several measures before it addressing the issue.

Some of the major areas covered in the training were: the new fax fraud alert system for northern Nevada; presentation of case studies from local prescription fraud and diversion cases; studies on forged/altered prescriptions and fraudulent call-in prescriptions; the advantage of pharmacies having good video surveillance systems to identify individuals picking up their prescriptions; and techniques for pharmacy personnel to become good witnesses to protect customers, employers and employees in the event of robbery. Follow-up training for investigators is scheduled for late March 2011.



WHOM TO CALL IF YOU HAVE QUESTIONS

Management:	Douglas C. Cooper, CMBI Executive Director
	Edward O. Cousineau, J.D. Deputy Executive Director
Administration:	Laurie L. Munson, Chief
Investigations:	Pamela J. Castagnola, CMBI, Interim Chief
Legal:	Lyn E. Beggs, J.D., General Counsel
Licensing:	Lynnette L. Daniels, Chief

LICENSING & INVESTIGATIONS

INVESTIGATIVE COMMITTEE STATS

2010

Investigative Committee A

Total Cases Considered	552
Total Cases Authorized for Filing of Formal Complaint (to be Published)	25
Total Cases Authorized for Peer Review	11
Total Cases Requiring an Appearance	25
Total Cases Authorized for a Letter of Concern	74
Total Cases Authorized for Further Follow-up or Investigation	22
Total Cases Reviewed for Compliance	0
Total Cases Authorized for Closure	395

Investigative Committee B

Total Cases Considered	436
Total Cases Authorized for Filing of Formal Complaint (to be Published)	11
Total Cases Authorized for Peer Review	8
Total Cases Requiring an Appearance	18
Total Cases Authorized for a Letter of Concern	99
Total Cases Authorized for Further Follow-up or Investigation	9
Total Cases Reviewed for Compliance	0
Total Cases Authorized for Closure	291

INVESTIGATIVE COMMITTEE STATS

2011 – YEAR TO DATE

Investigative Committee A, Year to Date

Total Cases Considered	130
Total Cases Authorized for Filing of Formal Complaint (to be Published)	11
Total Cases Authorized for Peer Review	2
Total Cases Requiring an Appearance	10
Total Cases Authorized for a Letter of Concern	16
Total Cases Authorized for Further Follow-up or Investigation	6
Total Cases Reviewed for Compliance	0
Total Cases Authorized for Closure	85

Investigative Committee B, Year to Date

Total Cases Considered	92
Total Cases Authorized for Filing of Formal Complaint (to be Published)	1
Total Cases Authorized for Peer Review	1
Total Cases Requiring an Appearance	8
Total Cases Authorized for a Letter of Concern	15
Total Cases Authorized for Further Follow-up or Investigation	2
Total Cases Reviewed for Compliance	0
Total Cases Authorized for Closure	65

LICENSING STATS

2010

In 2010, the Board has granted the following total licenses:

- 437 physician licenses
- 109 limited licenses for residency training
- 54 physician assistant licenses
- 141 practitioner of respiratory care licenses
- 27 perfusionist licenses

LICENSING STATS

2011 – YEAR TO DATE

For the year to date, the Board has granted the following licenses:

- 50 physician licenses
- 2 limited licenses for residency training
- 17 physician assistant licenses
- 22 practitioner of respiratory care licenses
- 1 perfusionist license

One Needle, One Syringe, Only ONE Time

Be Proactive in Addressing Safe Injection Practices With Your Patients and Staff

I want to thank the Nevada Board of Medical Examiners and all their members for the continued support of the One and Only Campaign. I am taking this opportunity to call all healthcare providers who read this update to action. Unsafe injection practices are still in the news and continue to shine an unfavorable light on many of Nevada's healthcare providers. Now is the time to be PROACTIVE! I welcome each and every profession, medical office and healthcare provider to take advantage of the One and Only Campaign. Information and resources are available to you *at no charge* through the One and Only website at www.oneandonlycampaign.org. In fact, new brochures for providers and patients, and posters for use in your office, can either be printed out or may be ordered through an online system. I strongly urge you to go to the website and email jtheile@health.nv.gov or call (775) 684-1043, to order these new materials, including a special healthcare provider training DVD created by the Safe Injection Practices Coalition and the Centers for Disease Control and Prevention (CDC). Together we can alleviate patients' fears and apprehension over the events that transpired not only in our great state, but continue to re-occur across the country, including most recently, just over the border in California.

How can you make a difference? Add a link to the One and Only website onto your website, tell your colleagues about the campaign and encourage their active participation, get the free materials and USE them. During our pilot phase last year we discovered the best way to educate and open the communication with your patients is to hand them a patient brochure or attach one to the paperwork they fill out when they come into the office. Just laying the materials out in the waiting room is not effective and this is your chance to take charge of the situation and be proactive in demonstrating your commitment to your patients' well-being.

In January, the campaign reached out through an insert in the Truckee Meadows Water Authority (TMWA) billings to over 60,000 customers in northern Nevada.

In February, the Nevada State Health Division announced the official launch of the campaign in Nevada. Also in February, NV Energy generously provided space in their newsletter about the campaign that will reach upward of 1.2 million customers.

In March or April the Joint Commission will release "Perspectives on Patient Safety" which will include a write-up of the One and Only Campaign in Nevada, New York and New Jersey. Expect to hear radio spots on the campaign as well as two, 30-second television spots featuring Governor Brian Sandoval and Dr. Tracey Green, our State Health Officer. Over the spring and summer we will run spots in movie theaters in the north, south and Stateline areas. JOIN US! BE PROACTIVE. We want to help you to help your patients.

Finally, please review with your staff the provisions of, as applicable to safe injection practices, the most current version of the Centers for Disease Control and Prevention's *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health-care Settings*, found at: <http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>. ONLY TOGETHER, will we ensure that these outbreaks become a "Never Event" in Nevada.

Thank you,
Joseph Theile, Director
Nevada Safe Injection Practices Campaign



The One & Only Campaign is a public health campaign aimed at raising awareness among the general public and healthcare providers about safe injection practices.

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HEALTH DIVISION CORNER

Death and Fetal Death Certificate Cause of Death Information

by Nevada Office of Vital Statistics

The Nevada Office of Vital Statistics administers the statewide system of Vital Records by documenting and certifying the facts of births, deaths and family formation for the legal purposes of the citizens of Nevada, participates in the national vital statistics systems and responds to the needs of health programs, health care providers, businesses, researchers, educational institutions and the Nevada public for data and statistical information. One of the most important areas of data collection is related to Cause of Death information on Death and Fetal Death Certificates. The Office of Vital Statistics is committed to working with stakeholders to improve medical data that will benefit the citizens of Nevada and the United States.

Mortality statistics generated from death certificates are used to:

- Assess the general health of the population
- Examine medical problems which may be found among specific groups of people
- Indicate areas in which medical research may have the greatest impact on reducing mortality
- Allocate medical services, funding, and other resources

The most common reasons why a Death or Fetal Death Certificate may be rejected by a state or county registrar:

- Abbreviations for medical conditions (CVA, HTN, COPD)
- Cross outs on doctor or cause of death information (the state and counties will not accept cross outs of any kind as this process would allow for misinterpretation)
- Misspellings
- Etiology information missing for immediate cause of death (i.e. cardiac arrest or pulmonary arrest). If etiology information is not available, unknown etiology is acceptable
- Date signed by physician prior to date of death
- Missing information on "Autopsy performed?" and "Was tobacco a contributing factor?"

- Missing or illegible physician name, license number and address information

CAUSE OF DEATH DEFINITIONS

Death certificates do not ask for the "primary condition," "principal diagnosis," "terminal diagnosis" or "comorbidity." INSTEAD, death certificate instructions use the terms "cause(s) of death," "immediate cause of death," "intermediate cause(s) of death," "underlying cause of death" and "contributing cause(s) of death."

CAUSE(S) OF DEATH

"Cause of death" is a morbid condition or disease process, abnormality, injury or poisoning leading directly or indirectly to death. Since conditions that did not cause death should not be reported in the cause of death section of the certificate, any medical condition you report in Part 1 of the certificate is a cause of death.

IMMEDIATE CAUSE OF DEATH

This is the final disease or condition that resulted directly in death. Chronologically, it is the last medical condition to occur.

INTERMEDIATE CAUSE(S) OF DEATH

These are conditions that link the immediate cause of death to the underlying cause. Report any intermediate causes on lines between the immediate and the underlying cause.

UNDERLYING CAUSE OF DEATH

This is the disease or injury which "initiated the train of morbid events leading directly to death or the circumstances of the accident or violence which produced the fatal injury." In other words, the underlying cause of death is the disease or injury that started the sequence of medical events that led to the immediate cause of death. The underlying cause is reported on the lowest used line in Part I of the certificate.

CONTRIBUTING CAUSE(S) OF DEATH

These are reported in Part II, "Other significant conditions contributing to death but not resulting in the underlying cause given in Part I." "Contributing causes" are diseases, injuries or other conditions that contributed to the fatal outcome, but did not cause the condition (underlying cause) reported on the lowest used line in Part I.

EXAMPLE

Part I: Immediate cause

- | | | |
|----|--------------------------------------|--------------|
| a) | Pulmonary embolism | few hours* |
| | <i>due to or as a consequence of</i> | |
| b) | Coronary thrombosis | 2-3 weeks* |
| | <i>due to or as a consequence of</i> | |
| c) | Arteriosclerotic heart disease | several yrs* |
| | <i>due to or as a consequence of</i> | |
| d) | (blank) | |

Part II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Emphysema and alcoholism

Pulmonary embolism is reported as the immediate cause of death. It is reported as “due to” coronary thrombosis.

Coronary thrombosis is the intermediate cause of death. It is the complication of the underlying cause (arteriosclerotic heart disease) that caused the immediate cause (pulmonary embolism).

Arteriosclerotic heart disease is reported as the underlying cause of death. It is the condition that started the train of medical events that resulted in the pulmonary embolism. Line (d) may be blank if the complete sequence takes less than four lines.

Emphysema and alcoholism are reported as contributing causes. They contributed to death, but did not cause arteriosclerotic heart disease (the underlying cause of death).

*** Approximate interval between onset and death**

Space is provided to the right of lines (a), (b), (c) and (d) for recording the interval between the presumed onset of the condition (not the diagnosis of the condition) and the date of death. This should be entered for *all* conditions in Part I. These intervals usually are established by the physician on the basis of available information. The terms “unknown” or “approximately” may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. If the time of onset is entirely unknown, state that the interval is “Unknown.”

ELDERLY:

It is often difficult to determine which of multiple conditions caused an elderly patient’s death; however the elderly decedent should have a clear and distinct etiological sequence for cause of death, if possible. Be

mindful that the cause of death is the certifier’s *opinion* about which of the elderly person’s conditions most likely caused or contributed to death. You do not have to be positive of the cause of death and you may use qualifying terms such as “probable” to indicate a degree of uncertainty.

Terms such as “senescence,” “infirmity,” “old age” and “advanced age” have little value. Age is recorded elsewhere on the certificate. When a number of conditions resulted in death, the physician should choose the single sequence that, in his or her opinion, best describes the process leading to death. If, after careful consideration, the physician cannot determine a sequence that ends in death, then the medical examiner or coroner should be consulted about conducting an investigation or providing assistance in completing the cause of death. A common error in reporting causes of death for elderly persons is reporting an injury as “natural.” Age and infirmity do not make an injury “natural.” For example, if the patient fell and broke her hip, it is still an “injury.”

If you are interested in becoming a user in our web based registry system, please contact the State Office of Vital Statistics at 775-684-4166 for an application and training.

More information about medical certification of death and fetal death certificates can be found at: http://www.cdc.gov/nchs/data/misc/hb_cod.pdf

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The Importance of Reporting

Dr. Ihsan Azzam, Nevada State Epidemiologist

Reportable Diseases or Conditions

Why Report?

Healthcare providers play a key role in protecting their community from health threats by reporting cases and, in some instances, suspected cases of communicable diseases to their local health authority or to the State Health Division. The purpose of reporting is to:

- Protect the health of the public;
- Determine the extent of morbidity in the community;
- Evaluate the risk of transmission; and
- Intervene rapidly when appropriate.

A reportable disease is deemed as such because of its potential to spread and do great harm, and because rapid, effective public health interventions may prevent or reduce morbidity and mortality associated with that disease. Of the many reportable diseases or conditions, a group of the more virulent ones require reporting within 24 hours, using the after-hours reporting system if necessary. Reporting involves filling out a one-page form, and faxing it to the health authority.*

Reporting is required by Nevada Administrative Code (NAC) 441A. The simple report from a provider may trigger health authorities to investigate, prevent, suppress and/or control the disease. Such interventions are very likely to interrupt the transmission of pathological agents, thus reducing rates of illness and death.

Keep Informed.

Recently, NAC 441A was amended to be in greater accordance with national standards. These amendments brought NAC 441A up to date with Centers for Disease Control and Prevention (CDC) guidelines and with recommendations of the national Council for State and Territorial Epidemiologists (CSTE).

The best way for providers to keep current with the latest revisions in NAC 441A guidelines regarding communicable diseases is to visit:

<http://www.leg.state.nv.us/register/2008Register/R087-08A.pdf> and
<http://www.leg.state.nv.us/register/2008Register/R089-10A.pdf>.

It is important to be aware of revisions including definitions, the addition of newly emerging and re-emerging disease entities, and updates that reflect the most recent national standards and guidelines. For additional information, please feel free to contact the State Office of Epidemiology at (775) 684-5911.

Be vigilant about reporting. The life you save could be your own or a loved one's.

***Carson City Fax: 775-887-2138**
Clark County Fax: 702-759-1414
Washoe County Fax: 775-328-3764
Rest of the State Fax: 775-684-5999

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2011 BME MEETING & HOLIDAY SCHEDULE

January 17 – Martin Luther King, Jr. Day holiday (observed)
February 21 – Presidents' Day holiday (observed)
March 11-12 – Board meeting
May 30 – Memorial Day holiday (observed)
June 10-11 – Board meeting
July 4 – Independence Day holiday
September 5 – Labor Day holiday (observed)
September 9-10 – Board meeting
October 28 – Nevada Day holiday (observed)
November 11 – Veterans' Day holiday
November 24-25 – Thanksgiving & family day holidays
December 2-3 – Board meeting
December 26 – Christmas holiday (observed)

Unless otherwise noted, Board meetings are held at the Reno office of the Nevada State Board of Medical Examiners and videoconferenced to the conference room at the offices of the Nevada State Board of Medical Examiners/Dental Examiners, 6010 S. Rainbow Blvd., Building A, Suite 1, in Las Vegas.

The offices of the Nevada State Board of Medical Examiners will be closed on all holidays listed above.

GUEST AUTHOR

EMBEZZLEMENT IN MEDICAL PRACTICES

Weldon (Don) Havins, M.D., J.D.

Embezzlement is the fraudulent taking or theft of property owned by another. In the medical context, embezzlement occurs when an employee steals money belonging to the medical practice. According to the Association of Certified Fraud Examiners, fraud and embezzlement occurs with 100 times greater frequency in small corporations (such as those typical of medical professional corporations) compared to large corporations.

Who commits embezzlement within a medical practice? The most common persons are managers and bookkeepers. Insurance billing staff members are next, followed by nurses and medical assistants. Even cleaning crew members have been found to have embezzled money of medical professional entities.

With rising costs of maintaining medical businesses, embezzlement can have a particularly devastating effect on the financial viability of a medical practice. Discovering oneself the victim of embezzlement often results in embarrassment, shame, and the feeling of being a foolish "mark." Few physicians are comfortable discussing their experiences with the subject. This article will provide suggestions to reduce the chance of embezzlement, enhance the early discovery of embezzlement, and provide a paradigm to approach the problem to minimize additional harm to the practice.

Embezzlement is much less likely to occur in offices with tight internal controls. Adhering to basic rules of separation of financial functions within the office will reduce, but not eliminate, the chance of falling victim to embezzlement. An endnote to this article will list many of the specific independent operations that are important to separate within the office.¹

All employees, including those involved in the business side of the medical practice, should be cross trained. One never knows when a particular employee will be victim to some unforeseen adverse event. The practice must be able to continue to function relatively smoothly with any one individual absent. Cross training insures a degree of internal integrity not present if a "critically important"

employee, such as the chief billing clerk or the office manager, is the only one able to perform a vital business function.

The managing health care provider should assume certain responsibilities:

- Signing all checks and confirming the accompanying receipts are reasonable and accurate. The managing health care provider must assure that the invoice is legitimate. A common practice of embezzlers is to have checks written to a dummy business for products or services that appear necessary to conduct the medical practice. The embezzler, or a conspirator, controls the bank account of the dummy business, which is drained routinely. One other health care provider may have check writing authority (if there is more than one health care provider in the business) in case of vacation or illness. A health care provider who gives a spouse check writing authority in the business invites another layer to marital stress. This arrangement works well, until it doesn't!
- Review all business credit card statements, line by line, for accuracy and validity. An embezzler can easily use the corporate credit card for personal purchases if no one ever confirms the validity of the credit card purchases.
- Review cancelled checks periodically to determine that they match the invoice and to assure the amounts have not been altered.
- Avoid the use of signature stamps. The danger of misuse far outweighs the small time saved signing your name.
- Occasionally audit invoices against packing slips and do so in a manner obvious to all employees. If employees are aware financial records are being audited from time to time, the wayward inclined employee is less likely to chance committing product receivables embezzlement.
- All bad debts to be forgone, or receivables to be sent to collections, should be individually

authorized by the managing medical provider, and only the managing medical provider. The authority to write off "bad debt" is the opportunity to write off money that has been received, and "pocketed."

Perform background checks on potential employees before offering them a position. It may be prudent to engage the services of a company which specializes in background checks. If a potential employee refuses to provide information for a background check, for whatever reason, don't hire that person.

What are some of the warning signs that an employee may be stealing?

- Patients complain about the practice's billings. Patients may receive more than one billing for the same service rendered. The first payment is used to write off the account receivable, the second inures to the enrichment of the embezzler.
- A refusal of an employee to take a vacation. Employees should take time off and their cross trained alternate should perform the duties of the vacationer. A policy and procedure manual can be very helpful in assuring routine procedures are performed as directed in the manual. Deviations from standard procedure should be permitted only with the signed or initialed written concurrence of the managing medical provider.
- Be very suspicious about employees who are territorial about their work. An office manager or billing clerk who always locks their door whenever they are not in their office may herald malfeasance. An employee who locks his or her office when going on vacation and tells the other employees not to enter or touch anything in that office because he or she is the only one who knows where everything is, should arouse suspicion in the physician's mind. Cross training employees should avoid this situation. If one employee becomes overloaded with work, the cross trained employee should be available to assist. If one employee becomes ill, the practice cannot cease to perform essential functions – the cross trained employee should be able to assume those functions.

- Staff taking work home may appear to be dedicated diligence in an employee. The prudent physician manager should be very suspicious of this activity, and not permit it. Taking work home provides the embezzler time and space to manipulate office finances. Such opportunity may not be available in the office.
- Beware of employees demonstrating "new" riches, such as a car the employee should not be able to afford on the employee's salary, the new house or condo, the recently acquired recreational vehicle, or the new fancy designer clothes. Most embezzlers do not put their ill-gotten gains in hidden, secret bank accounts in foreign tax havens. Embezzlers generally are compelled to spend at least some of their newly acquired wealth.
- Books and financial papers that are in a confused or messy state, especially when the financial books and bank statements rarely match, indicate sloppy internal accounting practices at a minimum, and possibly signal embezzlement. Bank statements and internal finances should always reconcile. When they do not, your accountant should be consulted to help with the reconciliation. An inability to provide your accountant with correct or complete information in a timely manner also signals a lack of competence in the business accounting, at a minimum.
- Vendors who complain about payments being incorrect or chronically late should stimulate an investigation. While the common ploy of embezzlers is to work with a dishonest vendor (paying more for the products than they actually cost, splitting the overpayment), honest vendors will refuse to cooperate with a fraudulent or embezzlement scheme. Be certain to talk with a vendor who specifically asks to speak with the managing physician alone. Look particularly for a sudden increase in a vendor's price. There is much to commend the standard commercial practice of obtaining three independent quotes for any new product or service. Be prudently cautious about vendors who are "friends" of an office worker.
- Beware of employees who brag about their successes at gambling tables and machines.

This may be an admission of a gambling addiction and a greater "necessity" to steal money from the practice to cover losses. Such employees, when discovered, will disclaim their intent to steal, stating their intent was only to "borrow" the money until their luck changed and he or she could repay the money.

- Medical care providers should be suspicious when, for no objective reason, income begins to decrease. If the amount of work is relatively the same, income should be relatively constant, and expenses should be roughly the same. Thus, net income should be relatively stable.

What should the managing health care provider do if employee theft is suspected? A surprising number of physicians have reported they suspected theft, but just didn't want to confront the long-time, "loyal" employee, or they just didn't know how to approach the situation. This reticence almost always leads to substantially greater losses than would otherwise have occurred. If you suspect theft, call your accountant, or a fraud/embezzlement specialist, to conduct an audit of the medical practice's finances. Hostility in the cooperation of key business employees in the audit is common when cash or assets are missing. Don't be deterred by employees who attempt to raise guilt in the medical provider with questions such as, "don't you trust me"? These issues are not questions of trust; they are issues of prudent business practices.

Because anyone in the medical practice may be involved in embezzlement, the prudent health care provider should "position bond" any position in the office having contact with the business side of the practice. In some small practices, that may mean every employee. The costs of such bonding are usually not prohibitive. Your insurance agent can obtain quotes for you. By bonding, you can assure recovery of at least a portion of the money stolen. The bonding company, not having a personal relationship with the employee, will not be reluctant to push for prosecution of the thief.

Health care providers are notorious about forgiving an employee for embezzlement. It is not uncommon for the managing physician to continue employment of the embezzler, after the embezzler repeatedly promises "not to do it again." Or the managing health care provider decides to continue the thief's employment, so that the employee "can pay back the money stolen." These

strategies are very rarely successful. The dishonest employee nearly always continues to steal, although not alerted, usually purloins at a heightened level of sophistication.

In these situations, it may be prudent to seek the services of an attorney specializing in health law or a labor attorney. The managing physician should discharge the employee in a manner consistent with federal and state laws. The discharged employee will often threaten repercussions. The attorney will minimize the effect of these threats.

Some health care providers find themselves in situations where the embezzler has "something over them." Perhaps they have had, or are having, an illicit sexual relationship with the employee. Perhaps the employee is aware of some illegal billing practices by the health care provider. Perhaps the employee knows of a socially embarrassing "fact" about the employer which the employer would find horribly embarrassing or stigmatizing should the information "get out." Embezzling employees will often leverage these situations to retain their employment status. The embezzling employee may feel secure in his or her "right" to steal from the practice. For a physician caught in a dilemma, surreptitiously contacting a competent attorney is a must. Remember that conversations between an attorney and a client are privileged and protected under law. The client (physician) controls the privilege. No matter how salacious or criminal the discussion about past deeds, the attorney must maintain the confidentiality of the information. Although perhaps devastating to the employer physician, the experienced attorney has heard it before, likely many times, and will develop a strategy to confront the specific situation.

The worst action, however, for a managing physician to take - is no action. No action may lead the physician employer to becoming the functional equivalent of the financial slave of the embezzling employee. Whatever the embezzling employee "has over the physician," a good attorney can ameliorate the damages, and, most importantly, extract that physician from an untenable situation. It may be quite costly, financially and emotionally, but fundamentally the price must be paid, and the sooner the better.

Embezzlement is extremely common in health care practices. Do not be shocked by your most trusted, long term employee being the source of the embezzlement.

Discourage embezzlement by operating your health care business with prudent precautions (such as position bonding your employees) and instituting safeguards with tight internal accounting controls. When you suspect embezzlement, investigate it yourself or have someone else, such as your accountant, investigate it. Don't ignore it. When you discover embezzlement has occurred, take prudent action, and that may mean consulting first with your accountant or an attorney for advice.

The next time you are sitting with a group of physicians, look at the doc on your left. He or she has likely been the victim of embezzlement. The doc on your right may be being embezzled currently and doesn't know it. But don't be too smug; you may have just replaced your embezzler employee with your next embezzler.

¹ Incoming mail should never be opened by the person making deposits or maintaining accounts receivable records. It is relatively easy to cover theft when the perpetrator both receives the incoming payments and controls the accounts receivable. Checks received in the incoming mail should be stamped immediately with "For Deposit Only" on the back and both sides then copied by the person opening the mail. Doing this creates a record of revenue received in the mail. Copies of these checks should be safely secured beyond the reach of other employees, but should be available for audit purposes.

Bank statements should only be opened by the health care provider managing the practice. If this is not possible, mailing the bank statements to the medical practice's accountant office should be considered. The individual receiving the bank statements should neither open the mail nor have authority to control accounts receivable.

Arriving supplies should be checked against the packing slip by someone other than the person who ordered the supplies. The managing health care provider should always approve orders for supplies, other than those routinely ordered. Of those routinely ordered, the managing health care provider should occasionally "spot check" the routine supplies order to confirm the quantities and prices are correct.

The managing health care provider should never write the expense checks, but should examine the checks along with the accompanying invoice before signing the checks. Delegating an individual in the practice the authority to sign checks invites abuse of that authority. Some busy health care providers utilize an independent bookkeeper to write checks and "spot audit" the business details of the medical practice.

The above suggestions involve segregation of duties involving the income and expenses of the practice. Segregation of duties is a fundamental business practice and part of every prudent medical practice.

Require all patients receive a numbered receipt for payments and that a copy of those receipts be maintained in numerical order at

the practice. The receipts should be audited occasionally to confirm that all front office financial transactions receipts are present.

Keep petty cash and the change drawers separate so there cannot be any comingling. Comingling makes accurate auditing impossible and encourages petty theft. Over time, petty theft becomes grand theft.

Review deposits on the bank statement and reconcile to the manual or computer totals. Daily revenue totals should match deposits on bank statements.

Compare current period revenues and expenses to prior periods. Unexplained reductions in revenue or increase in expenses must be investigated. Computer bookkeeping programs are excellent for this. Specific subaccounts can be graphed and tracked easily. Aberrations should become apparent early.

Have your accountant, who must be experienced in accounting for medical practices, review the practice's financial statement at least quarterly. No matter how financially facile the medical practitioner, a periodic review of the financial status of the practice by a professional (your accountant) will confirm the business aspect of the medical practice is sound.

Keep all blank checks and deposit slips in a secure location. Always use numerically sequenced checks. A blank check can be used by the cleaver embezzler to steal small amounts of money on a continuing basis, or a relatively large amount from the practice for the bolder embezzler. If checks are not always written in sequence, it may be more difficult to detect the theft.

Weldon (Don) Havins has been a licensee of the Nevada State Board of Medical Examiners since 1974, and practices ophthalmology in Clark County. He is a licensed attorney and serves as in-house counsel for Touro University Nevada where he is also Professor and Director of Medical Jurisprudence, Ethics, and Professionalism. Dr. Havins and the former Chairman of the UNLV Department of Accounting, Wayne Label, PhD, recently published a relevant book, "The Doctor's Guide to Owning a Financially Healthy Practice: What They Don't Teach You in Medical School", Trafford Publishing, 2010.

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HEALTH PROFESSIONALS ASSISTANCE PROGRAMS

The Nevada State Board of Medical Examiners currently has memorandums of understanding with the following providers to provide assessment, treatment and/or referral for health professionals in the areas of addictive disease, disruptive behavior, mental impairment and others.

If you or a colleague is in need of these services, or need to inquire regarding fees, please contact the organization(s) directly:

Case Management Services of Nevada, Inc. (CMS)

Services available in northern and southern Nevada

Contact: Sandra Lee

Address: 888 West 2nd Street, Suite 200, Reno, NV 89503

Phone: 775-247-3619

E-mail: sandralee595@hotmail.com

LifePath Recovery LLC (LPR)

Services available in northern Nevada

Contact: Murray Brooks, LADC

Address: P.O. Box 919, Carson City, NV 89702

Phone: 775-220-1479

E-mail: murraybrooks1@hotmail.com

Nevada Professionals Assistance Program (NPAP)

Services available in northern and southern Nevada

Contact: Peter A. Mansky, M.D., Executive Medical Director

Address: 9811 W. Charleston Blvd., Suite 2-735,
Las Vegas, NV 89117

Phone: 702-521-1398

E-mail: NPAP@Cox.net

Professional Recovery Network (PRN)

Services available in northern and southern Nevada

Contact: Larry Espadero, LADC

Address: Please call for address

Phone: 702-251-1377

E-mail: larry.espadero@psysolutions.com

SOME IMPORTANT NUMBERS

Boards

Nevada State Board of Dental Examiners
(702) 486-7044 / (800) 337-3926

Nevada State Board of Homeopathic Medical Examiners
(775) 324-3353

Nevada State Board of Nursing
(702) 486-5800 / (888) 590-6726 (Licensing)
(775) 687-7700 / (888) 590-6726 (Administration/
Investigations/Discipline)

Nevada State Board of Optometry
(775) 883-8367

Nevada State Board of Oriental Medicine
(702) 837-8921

Nevada State Board of Osteopathic Medicine
(702) 732-2147 / (877) 325-7828

Nevada State Board of Pharmacy
(775) 850-1440 / (800) 364-2081

Nevada State Board of Podiatry
(775) 789-2605

Medical Schools

University of Nevada School of Medicine
(702) 671-2240 (Las Vegas)
(775) 794-6001 (Reno)

Touro University Nevada
(702) 777-8786

Medical Associations/Societies

Nevada State Medical Association
(775) 825-6788

Clark County Medical Society
(702) 739-9989

Washoe County Medical Society
(775) 825-0278

! IMPORTANT REMINDERS!

ABMS CERTIFICATION

If you are a medical doctor and have recently certified in a primary specialty of the American Board of Medical Specialties (ABMS), certified in a sub-specialty of the ABMS or recertified in a primary or sub-specialty of the ABMS, please fax a copy of the certificate or information related to the certification to (775) 688-2551, so we can update your information in our database.

NOTIFICATION OF ADDRESS CHANGE, PRACTICE CLOSURE AND LOCATION OF RECORDS

Pursuant to NRS 630.254, all licensees of the Board are required to "maintain a permanent mailing address with the Board to which all communications from the Board to the licensee must be sent." A licensee must notify the Board in writing of a change of permanent mailing address within 30 days after the change. Failure to do so may result in the imposition of a fine or initiation of disciplinary proceedings against the licensee.

Please keep in mind that the address you provide will be viewable by the public on the Board's website.

Additionally, if you close your practice in Nevada, you are required to notify the Board in writing within 14 days after the closure and for a period of 5 years thereafter, keep the Board apprised of the location of the medical records of your patients.

SUPERVISION OF PHYSICIAN ASSISTANTS AND COLLABORATION WITH ADVANCED PRACTITIONERS OF NURSING

Pursuant to NAC 630.360 (4), "[A] physician assistant shall notify the Board in writing within 72 hours after any change relating to his supervising physician."

If you are a physician assistant and you have ceased working with a physician, you are required to submit notification of this change to the Board. Please contact the Board at (775) 688-2559 or (888) 890-8210 and ask for the Licensing Support Specialist to confirm that your supervising physician information is CURRENT. Please fax changes regarding your supervising physician to (775) 688-2551.

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Pursuant to NAC 630.490(5), "A collaborating physician shall immediately notify the Board of the termination of collaboration between the collaborating physician and an advanced practitioner of nursing."

Physicians: Please contact the Board at (775) 688-2559 or (888) 890-8210 and ask for the Licensing Support Specialist to confirm that your collaboration information is CURRENT. If you have ceased collaboration with an Advanced Practitioner of Nursing (APN), you are required to submit notification of this change. Please fax changes regarding your collaboration with an APN to (775) 688-2551.

DISCIPLINARY ACTION REPORT

The Board also took action on 17 disciplinary matters at its quarterly meeting on March 11, 2011. Those actions are not included below, as they were not ready for publication.

BEECHAM, James, M.D. (5627)

Las Vegas, Nevada

Summary: Dr. Beecham voluntarily surrendered his license to practice medicine in Nevada.

Statutory Authority: NAC 630.240 [voluntary surrender of license].

Disposition: On December 3, 2010, the Board accepted Dr. Beecham's voluntary surrender of his license to practice medicine in Nevada.

BOYLE, James, R.R.T. (RC1428)

Anaheim Hills, California

Summary: Alleged willful and intentional false or fraudulent statement made on his application for licensure in 2007 and his renewal application in 2008; revocation of his license to practice respiratory care in California.

Charges: One count violation of NAC 630.540(1) [willfully and intentionally making a false or fraudulent statement or submitting a forged or false document in applying for a license or renewing a license]; one count violation of NAC 630.540(12) [having a license to practice respiratory care revoked, suspended, modified or limited by any other jurisdiction].

Disposition: On December 3, 2010, the Board accepted a Stipulation for Settlement by which it found Mr. Boyle violated NAC 630.540(12) and imposed the following discipline against him: (1) public reprimand; (2) reimbursement of the Board's fees and costs of investigation and prosecution.

BRECHER, Eric, M.D. (SP024)

Marietta, Pennsylvania

Summary: Disciplinary action taken against his medical license in Colorado.

Charges: One count violation of NRS 630.301(3) [disciplinary action taken against his medical license in another state].

Disposition: On December 3, 2010, the Board accepted a Stipulation for Settlement by which it found Dr. Brecher violated NRS 630.301(3) and imposed the following discipline against him: (1) \$1,000 fine; (2) reimbursement of the Board's fees and costs of investigation and prosecution.

CHAUDHERY, Ismat, M.D. (7837)

Las Vegas, Nevada

Summary: Conviction of a felony (Medicaid fraud) for submitting false and/or fraudulent claims to Medicaid.

Charges: One count violation of NRS 630.301(1) [conviction of a felony relating to the practice of medicine]; one count violation of NRS 630.301(7) [engaging in conduct that violates the trust of a patient and exploits the relationship between the physician and patient for financial or other personal gain]; one count violation of NRS 630.301(9) [engaging in conduct that brings the medical profession into disrepute]; one count violation of NRS 630.305(1)(d) [charging for visits to the physician's office which did not occur or for services which were not rendered or documented in the records of the patient]; one violation of NRS 630.306(2)(a) [engaging in conduct which is intended to deceive]; one count violation of NRS 630.306(3) [making or filing a report which the licensee knows to be false].

Disposition: On December 3, 2010, the Board accepted a Stipulation for Settlement by which it found Dr. Chaudhery violated NRS 630.301(1) and NRS 630.301(9) and imposed the following discipline against her: (1) public reprimand; (2) \$10,000 fine [\$5,000 per count]; (3) completion of 11.75 hours CME regarding the subject of medical billing; (4) reimbursement of the Board's fees

and costs of investigation and prosecution.

KABINS, Mark, M.D. (6466)

Las Vegas, Nevada

Summary: Conviction of Misprison of Felony related to concealment of knowledge and failure to report knowledge of a felony to the authorities.

Charges: One count violation of NRS 630.301(9) [engaging in conduct that brings the medical profession into disrepute]; one count violation of NRS 630.301(11)(g) [conviction of any offense involving moral turpitude]; one count violation of NRS 630.306(2)(a) [engaging in conduct which is intended to deceive].

Disposition: On December 3, 2010, the Board accepted a Stipulation for Settlement by which it found Dr. Kabins violated NRS 630.301(9) and imposed the following discipline against him: Dr. Kabins' license to practice medicine in Nevada was suspended for six months, with the suspension stayed provided he remain in compliance with the terms and conditions contained in the settlement agreement, those terms including: (1) public reprimand; (2) probation with the Board pursuant to the terms and conditions imposed by the U.S. District Court; (3) upon written notice that Dr. Kabins has completed his federal probation, his license will be reinstated to the status of good standing without restriction; (4) \$5,000 donation to a charity mutually agreed upon by Dr. Kabins and the Board; (5) attendance at, and completion of, a 24-hour ethics course (Dr. Kabins accomplished this prior to acceptance of the settlement agreement by the Board); (6) 500 hours community service without compensation; (7) reimbursement of the Board's fees and costs of investigation and prosecution.

LINK, Daniel, M.D. (8482)

Las Vegas, Nevada

Summary: Alleged malpractice related to Dr. Link's care of a patient.

Charges: One count violation of NRS 630.301(4) [malpractice].

Disposition: On December 3, 2010, the Board accepted a Stipulation for Settlement by which it found Dr. Link violated NRS 630.301(4) and imposed the following discipline against him: (1) public reprimand; (2) \$1,000 fine; (3) reimbursement of the Board's fees and costs of investigation and prosecution.

MACARTHUR, Steven, M.D. (9353)

Springville, Utah

Summary: Alleged malpractice related to Dr. MacArthur's care of a patient.

Charges: One count violation of NRS 630.301(4) [malpractice].

Disposition: On December 3, 2010, the Board found Dr. MacArthur guilty of violating NRS 630.301(4), and imposed the following discipline against him: (1) public reprimand; (2) \$2,500 fine; (3) completion of 10 hours AMA Category I CME regarding the subject of medical record keeping; (4) reimbursement of the Board's fees and costs of investigation and prosecution.

MURRAY, Conrad, M.D. (9141)

Las Vegas, Nevada

Summary: Alleged failure to disclose to the Board that he was out of compliance with his court-ordered child support obligations.

Charges: Two counts violation of NRS 630.304(1) [obtaining, maintaining or renewing or attempting to obtain, maintain or renew a license to practice medicine by bribery, fraud or misrepresentation or by any false, misleading, inaccurate or incomplete statement].

Disposition: On December 3, 2010, the Board accepted a Stipulation for Settlement by which it found Dr. Murray violated NRS 630.304(1) and imposed the following discipline against him: (1) public reprimand; (2) reimbursement of the Board's fees

and costs of investigation and prosecution.

PHILLIPS, Maryanne, M.D. (7635)

Las Vegas, Nevada

Summary: Disciplinary action taken against her medical license in California; failure to report the disciplinary action taken by the California Medical Board.

Charges: One count violation of NRS 630.301(3) [disciplinary action taken against her medical license in another state]; one count violation of NRS 630.304(1) [obtaining, maintaining or renewing or attempting to obtain, maintain or renew a license to practice medicine by bribery, fraud or misrepresentation or by any false, misleading, inaccurate or incomplete statement].

Disposition: On December 30, 2010, the Board accepted a Stipulation for Settlement by which it found Dr. Phillips violated NRS 630.301(3) and NRS 630.304(1) and imposed the following discipline against her: (1) public reprimand; (2) \$5,000 fine; (3) revocation of license, stayed contingent upon compliance with the terms and conditions of probation until 4/16/12; (4) reimbursement of the Board's fees and costs of investigation and prosecution.

SAZANI, Thomas, M.D. (5890)

Orcutt, California

Summary: Disciplinary action taken against his medical license in California.

Charges: One count violation of NRS 630.301(3) [disciplinary action taken against his medical license in another state].

Disposition: On December 3, 2010, the Board accepted a Stipulation for Settlement by which it found Dr. Sazani violated NRS 630.301(3) and imposed the following discipline against him: (1) public reprimand; (2) 1,500 fine; (3) reimbursement of the Board's fees and costs of investigation and prosecution.

SOONG, Darren, M.D. (7196)

Las Vegas, Nevada

Summary: Alleged malpractice related to Dr. Soong's care of a patient.

Charges: One count violation of NRS 630.301(4) [malpractice].

Disposition: On December 3, 2010, the Board accepted a Stipulation for Settlement by which it found Dr. Soong violated NRS 630.301(4) and imposed the following discipline against him: (1) public reprimand; (2) \$1,000 fine; (3) reimbursement of the Board's fees and costs of investigation and prosecution.

UNGER, James, M.D. (4223)

Las Vegas, Nevada

Summary: Alleged malpractice related to Dr. Unger's care of a patient.

Charges: One count violation of NRS 630.301(4) [malpractice].

Disposition: On December 3, 2010, the Board accepted a Stipulation for Settlement by which it found Dr. Unger violated NRS 630.301(4) and imposed the following discipline against him: (1) public reprimand; (2) \$3,000 fine; (3) completion of 6 hours CME regarding the subject of risk management/medical error prevention (4) reimbursement of the Board's fees and costs of investigation and prosecution.

PUBLIC REPRIMANDS ORDERED BY THE BOARD

JAMES BOYLE, R.R.T.

December 10, 2010

James Boyle, R.R.T.
6276 E. Rio Grande Drive
Anaheim Hills, CA 92807

Mr. Boyle:

On December 3, 2010, the Nevada State Board of Medical Examiners found you committed one (1) violation of the Medical Practice Act of the state of Nevada, more specifically:

That you committed one violation of NAC 630.540(12), having a license to practice respiratory care revoked by any other jurisdiction, when your license to practice respiratory care in the state of California was revoked by the California Respiratory Care Board in September 1999.

As a result of their finding that you violated the Medical Practice Act of the state of Nevada, the Board entered its ORDER as follows: that you be issued a public reprimand and that you shall reimburse the Board the reasonable costs and expenses incurred in the investigation and prosecution of this matter in the amount of \$1,619.34 to be paid within ninety (90) days.

Accordingly, it is my unpleasant duty as the President of the Nevada State Board of Medical Examiners to formally and publicly reprimand you for your conduct which has brought personal and professional disrespect upon you, and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Charles N. Held, M.D., President
Nevada State Board of Medical Examiners

ISMAT CHAUDHERY, M.D.

December 10, 2010

Ismat Chaudhery, M.D.
2901 N. Tenaya Way, Suite 210
Las Vegas, NV 89128

Dr. Chaudhery:

On December 3, 2010, the Nevada State Board of Medical Examiners accepted the Settlement Agreement proposed between you and the Board's Investigative Committee in relation to the formal complaint filed against you in BME Case #10-11300-1.

In accordance with its acceptance, the Board entered an Order which indicates that Chaudhery Pediatrics, by pleading guilty to one count of Submitting False Claims: Medicaid Fraud, a felony violation of NRS 422.540(1), is a ground for discipline against you under Nevada Revised Statute 630.301(1) as the conviction of a felony related to the practice of medicine; and, it is also a ground for discipline under Nevada Revised Statute 630.301(9), as your conduct has brought the medical profession into disrepute.

The Order also calls for you to be publicly reprimanded and further calls for you to pay a fine of \$10,000. You are, moreover, to pay costs and expenses incurred in the investigation and prosecution of this case, the current amount being \$1,724.02, along with the costs to conclude the matter, if any. Lastly, you are to attend and participate in 11.75 hours of CME in medical billing in addition to the regular CME requirement.

Accordingly, it is my unpleasant duty as President of the Nevada State Board of Medical Examiners to formally and publicly reprimand you for your conduct which has brought personal and professional disrespect upon you, and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Charles N. Held, M.D., President
Nevada State Board of Medical Examiners

MARK KABINS, M.D.

December 10, 2010

Mark B. Kabins, M.D.
c/o John A. Hunt, Esq.
3800 Howard Hughes Parkway, Suite 500
Las Vegas, NV 89169

Dr. Kabins:

On December 3, 2010, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement proposed between you and the Board's Investigative Committee in relation to the formal complaint filed against you regarding case number 10-7510-1.

In accordance with its acceptance, the Board has entered an Order which indicates that your conviction of Misprison of Felony, a violation of 18 U.S.C. § 4, in the United States District Court, is a ground for discipline under Nevada Revised Statute 630.301(9), as your conduct has brought the medical profession into disrepute. The Order also calls for you to be publicly reprimanded. It also calls for your license to practice medicine in the state of Nevada to be suspended, with that suspension stayed for a period of six months. Moreover, you are to comply with the all other terms and conditions enunciated in the Order, which include a requirement that you complete 500 hours of community service in accordance with the Community Service Proposal incorporated into the Settlement Agreement, and that you pay the costs of investigation and prosecution of this matter, which are currently in the amount of \$7,973.14.

It is now my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which also reflects unfavorably upon the medical profession as a whole.

Sincerely,

Charles N. Held, M.D., President
Nevada State Board of Medical Examiners

DANIEL LINK, M.D.

December 10, 2010

Daniel Link, M.D.
7326 W. Cheyenne Ave.
Las Vegas, NV 89129

Dr. Link:

On December 3, 2010, the Nevada State Board of Medical Examiners accepted the Settlement Agreement proposed between you and the Board's Investigative Committee in relation to the formal complaint filed against you in BME Case #10-11919-1.

In accordance with its acceptance, the Board entered an Order which indicates that your failing to obtain and verify the results of a positive pregnancy test prior to a surgical procedure is a ground for discipline under Nevada Revised Statute 630.301(4) and Nevada Administrative Code 630.040 as constituting malpractice.

The Order also calls for you to be publicly reprimanded. It further calls for you to pay a fine of \$1,000. Moreover, you are to pay costs and expenses incurred in the investigation and prosecution of this case, the current amount being \$2,234.52, along with the costs to conclude the matter, if any.

Accordingly, it is my unpleasant duty as President of the Nevada State Board of Medical Examiners to formally and publicly reprimand you for your conduct which has brought personal and professional disrespect upon you, and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Charles N. Held, M.D., President
Nevada State Board of Medical Examiners

STEVEN MACARTHUR, M.D.

December 17, 2010

Steven MacArthur, M.D.
934 East 150 South
Springville, UT 84663

Dr. MacArthur:

On December 3, 2010, the Nevada State Board of Medical Examiners (Board) considered and adjudicated the matter

involving the formal complaint filed against you in case number 09-18625-1.

In accordance with its findings, the Board has entered a Findings of Fact, Conclusions of Law and Order, which indicates that your conduct involving the underlying matter was a violation of Nevada Revised Statute 630.301(4), for malpractice. The Order calls for you to be publicly reprimanded, for you to be fined in the amount of \$2,500.00, that you complete ten hours of continuing medical education on the subject of medical record keeping which are in addition to your regular continuing medical education requirements for medical licensure in the state of Nevada, and that you pay the costs of investigation and prosecution of this matter, that amount being \$9,890.60.

It is now my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which also reflects unfavorably upon the medical profession as a whole.

Sincerely,

Charles N. Held, M.D., President
Nevada State Board of Medical Examiners

CONRAD MURRAY, M.D.

December 10, 2010

Conrad R. Murray, M.D.
c/o Charles H. Peckham, Esq.
Two Bering Park, 800 Bering, Suite 220
Houston, TX 77057

Dr. Murray:

On December 3, 2010, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement proposed between you and the Board's Investigative Committee in relation to the formal complaint filed against you regarding case number 10-12785-1.

In accordance with their acceptance, the Board has entered an Order indicating that the renewing of your license to practice medicine in the state of Nevada by providing inaccurate or incomplete statements is grounds for discipline under Nevada Revised Statute 630.304(1).

The Order also calls for you to be publicly reprimanded and that you pay the costs of investigation and prosecution of this matter, which are currently in the amount of \$3,766.20.

Accordingly, it is now my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which also reflects unfavorably upon the medical profession as a whole.

Sincerely,

Charles N. Held, M.D., President
Nevada State Board of Medical Examiners

MARYANNE PHILLIPS, M.D.

January 17, 2011

Maryanne Phillips, M.D.
7835 S. Rainbow Blvd.
Las Vegas, NV 89139

Dr. Phillips:

On December 30, 2010, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement proposed between you and the Board's Investigative Committee in relation to the formal complaint filed against you regarding case number 09-10032-1.

In accordance with its acceptance, the Board has entered an Order which indicates that your previous professional conduct, as alleged in the underlying complaint related to the matter, was in violation of Nevada Revised Statute (NRS) 630.301(3) and NRS 630.304(1). The Order calls for you to be publicly reprimanded and for your license to practice medicine in the state of Nevada to be revoked, with that revocation stayed assuming that you comply with all of the probationary terms and conditions included in the Settlement Agreement up and through April 6, 2012. Additionally, the Order calls for you to be fined in the amount of \$5,000.00 and that you pay the costs of investigation and prosecution of this matter, which totaled \$3,447.98.

It is now my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which also

reflects unfavorably upon the medical profession as a whole.

Sincerely,

Charles N. Held, M.D., President
Nevada State Board of Medical Examiners

THOMAS SAZANI, M.D.

December 10, 2010

Thomas Sazani, M.D.
P.O. Box 2867
Orcutt, CA 93457

Dr. Sazani:

On December 3, 2010, the Nevada State Board of Medical Examiners found you committed one (1) violation of the Medical Practice Act of the state of Nevada, more specifically:

That you committed one violation of NRS 630.301(3), having any disciplinary action, including the revocation, suspension, modification or limitation of a license to practice any type of medicine, taken by another state, when the state of California took disciplinary action against your license to practice medicine in November 2009 when it revoked your license, stayed the revocation and placed you on a period of probation.

As a result of its finding that you violated the Medical Practice Act of the State of Nevada, the Board entered its ORDER as follows: that you be issued a public reprimand, that you pay a fine of \$1,500 and that you shall reimburse the Board the reasonable costs and expenses incurred in the investigation and prosecution of this matter in the amount of \$483.75, the fine and costs to be paid within sixty (60) days.

Accordingly, it is my unpleasant duty as the Vice President of the Nevada State Board of Medical Examiners to formally and publicly reprimand you for your conduct which has brought personal and professional disrespect upon you, and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Benjamin J. Rodriguez, M.D.
Vice President
Nevada State Board of Medical Examiners

DARREN SOONG, M.D.

December 10, 2010

Darren Soong, M.D.
3802 Meadows Lane
Las Vegas, NV 89107

Dr. Soong:

On December 3, 2010, the Nevada State Board of Medical Examiners accepted the Settlement Agreement proposed between you and the Board's Investigative Committee in relation to the formal complaint filed against you in BME Case #10-8698-1.

In accordance with its acceptance, the Board entered an Order which indicates that your failing to ascertain and report a positive pregnancy test at the time of the surgery and failing to ascertain and report the positive pregnancy test after the surgery are grounds for discipline under Nevada Revised Statute 630.301(4) and Nevada Administrative Code 630.040, as constituting malpractice.

The Order also calls for you to be publicly reprimanded. It further calls for you to pay a fine of \$1,000. Moreover, you are to pay costs and expenses incurred in the investigation and prosecution of this case, the current amount being \$2,586.55, along with the costs to conclude the matter, if any.

Accordingly, it is my unpleasant duty as President of the Nevada State Board of Medical Examiners to formally and publicly reprimand you for your conduct which has brought personal and professional disrespect upon you, and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Charles N. Held, M.D., President
Nevada State Board of Medical Examiners

JAMES UNGER, M.D.

December 10, 2010

James Unger, M.D.
3059 S. Maryland Pkwy #100
Las Vegas, NV 89109

Dr. Unger:

On December 3, 2010, the Nevada State Board of Medical Examiners accepted the

Settlement Agreement proposed between you and the Board's Investigative Committee in relation to the formal complaint filed against you in BME Case #10-6159-1.

In accordance with its acceptance, the Board entered an Order which indicates that your incorrectly attributing a malignant diagnosis to the wrong patient due to the paperwork being switched from one tray to another is grounds for discipline under Nevada Revised Statute 630.301(4) and Nevada Administrative Code 630.040, as constituting malpractice.

The Order also calls for you to be publicly reprimanded and further calls for you to pay a fine of \$3,000. You are, moreover, to pay costs and expenses incurred in the investigation and prosecution of this case, the current amount being \$2,079.12, along with the costs to conclude the matter, if any. Lastly, you are to attend and participate in six (6) credits of CME in risk management and/or medical error prevention as pre-approved and previously agreed upon by the Investigative Committee.

Accordingly, it is my unpleasant duty as Vice President of the Nevada State Board of Medical Examiners to formally and publicly reprimand you for your conduct which has brought personal and professional disrespect upon you, and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Benjamin J. Rodriguez, M.D.
Vice President
Nevada State Board of Medical Examiners